

APPLICATION FOR TITLE OR REGISTRATION

DMV USE ONLY

O/S DL #/STATE

TECH INITIALS

VEHICLE/HULL IDENTIFICATION NUMBER

MAKE OF VEHICLE OR VESSEL BUILDER

1. OWNER INFORMATION (Please print true full name or lessor/business name)

LAST NAME OR LESSOR OR BUSINESS NAME	FIRST NAME	MIDDLE NAME	CALIFORNIA DRIVER LICENSE OR ID NUMBER	
LAST NAME, OR LESSEE	FIRST NAME	MIDDLE NAME	CALIFORNIA DRIVER LICENSE OR ID NUMBER	
LAST NAME, OR LESSEE	FIRST NAME	MIDDLE NAME	CALIFORNIA DRIVER LICENSE OR ID NUMBER	
<input type="checkbox"/> AND <input type="checkbox"/> OR				
RESIDENCE OR BUSINESS ADDRESS (Include St., Ave., etc.)	APT./SPACE NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (If Different From Above)	APT./SPACE NO.	CITY	STATE	ZIP CODE
LESSEE ADDRESS (If Different From Above)	APT./SPACE NO.	CITY	STATE	ZIP CODE
ADDRESS WHERE TRAILER IS LOCATED (If Different From Above)		CITY	STATE	ZIP CODE

2. TITLE HOLDER INFORMATION (Do NOT reenter owners name) If "NONE", so print

NAME OF BANK/FINANCE COMPANY OR INDIVIDUAL	ELECTRONIC TITLE NUMBER			
BUSINESS OR RESIDENCE ADDRESS	APT./SPACE NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (If Different From Above)	APT./SPACE NO.	CITY	STATE	ZIP CODE

3. COST AND OPERATION INFORMATION (Purchase price does not include sales tax, insurance, finance charges, or warranty.)

MILES/KILOMETERS AT TIME OF ENTRY		<input type="checkbox"/> is the actual mileage <input type="checkbox"/> is not the actual mileage <input type="checkbox"/> mileage exceeds the odometer mechanical limit		
_____ (no tenths) <input type="checkbox"/> Miles <input type="checkbox"/> Kilo.				
DATE VEHICLE ENTERED CALIFORNIA		PURCHASE PRICE OR MARKET VALUE (IF GIFT, OR TRADE)		
Mo. _____ Day _____ Yr. _____				
DATE YOU PURCHASED OR ACQUIRED VEHICLE		DATE YOU WENT TO WORK IN CALIFORNIA OR BECAME A RESIDENT		
Mo. _____ Day _____ Yr. _____		Mo. _____ Day _____ Yr. _____ (whichever occurred first)		

- A. Will this vehicle be used to carry people for hire (taxi, bus, etc.)? ☐ Yes ☐ No
- B. Are you now or have you within the last three years been on active duty with the U.S. Armed Forces? ☐ Yes ☐ No
- C. When you acquired this vehicle were you on active duty in the U.S. Armed Forces? ☐ Yes ☐ No
- If yes, print name of state or country where stationed _____

4. OWNER(S) SIGNATURE(S)

The registered owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to §1808.21 of the Vehicle Code.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

OWNER'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER
X		()
OWNER'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER
X		()

